



The Commonwealth of Massachusetts

Department of Public Safety

CERTIFIED AMUSEMENT MAINTENANCE MECHANIC

Application for Certificate of Competency as a CERTIFIED AMUSEMENT MAINTENANCE MECHANIC in
Accordance with Massachusetts Regulation 520 CMR 5.00

APPLICATION MUST BE FILLED OUT IN INK.

Please check which exam: ☐ Unlimited ☐ Inflatables Only ☐ Rock walls only

1. Full Name: _____ Social Security Number: _____
(print legibly)
2. Home Address: _____
(Street) (City) (State) (Zip Code)
3. Mailing Address: _____
(P.O. Box or Street) (City) (State) (Zip Code)
4. Date of Birth: _____
5. Name and Address of Employer: _____

6. State full title of occupation: _____

THIS CERTIFICATE OF COMPETENCY IS VALID EXCLUSIVELY FOR THE EMPLOYER LISTED ABOVE. IF APPLICANT LEAVES CEASES TO BE
EMPLOYED BY THE ABOVE EMPLOYER, THIS CERTIFICATE OF COMPETENCY BECOMES INVALID.

7. Have you ever been examined for a Massachusetts Certificate of Competency? ☐ YES, when? _____ ☐ NO

APPLICANT MUST SIGN THEIR FULL NAME HERE, IN THE PRESENCE OF THE INSPECTOR WHO ADMINISTERS THE OATH

Signature of Applicant

Date

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to my best
knowledge and belief I have filed all State Tax Returns and paid all State Taxes required under Law.

Signature of Applicant

Date

COMMONWEALTH OF MASSACHUSETTS, _____ Town/City _____

The above applicant personally appeared and was examined by me and made oath that the statements contained in this application and

subscribed by them are true, this _____ day of _____, in the year 20 _____

Before me, _____ State Inspector

RESULTS: _____

EXPIRATION DATE: _____

LICENSE #: _____

Work Experience

List most current work experience first.

1. Name and Address of Employer: _____

 2. State full title of occupation: _____
 3. Duties: _____
 4. Date of Hire: _____ Date of Termination: _____
 5. Reason for Leaving: _____
 6. Name and Address of Employer: _____

 7. State full title of occupation: _____
 8. Duties: _____
 9. Date of Hire: _____ Date of Termination: _____
 10. Reason for Leaving: _____
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8. I attended amusement safety seminars (name of school) _____
Date and location of schools attended: _____
9. I attended amusement safety seminars (name of school) _____
Date and location of schools attended: _____
10. I am also skilled in _____ License or degree held: _____

Send the completed application to:
The Department of Public Safety, 1 Ashburton Place RM 1301, Boston, MA 02108-1618